

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027938

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1066

FILED JUL 18 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge-Protestant Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2032 College</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alvin</u> Middle <u>Harper</u> Last <u>Harper</u>		4. DATE OF DEATH Month <u>June</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1878</u> 9. AGE (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Walnut Grove, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>USC</u>		12. CITIZEN OF WHAT COUNTRY <u>USC</u>	
13a. FATHER'S NAME <u>William Menam Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wheeler</u>	
14. NAME OF HUSBAND OR WIFE <u>Janie Rogers Harper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>Mr. Howard Harper, Bolivar, Mo.</u>		17. INFORMANT Address <u>Mr. Howard Harper, Bolivar, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis - Thrombosis, - Congestion</u> <u>Failure</u> DUE TO (c) <u>Ischemic</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Anemia, Atherosclerosis obliterans</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>2:50 P.</u> Month, Day, Year <u>Dec 1960</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Springfield - Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Springfield - Mo</u>		20g. COUNTY <u>Greene</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>Dec 1960</u> to <u>June 63</u> and last saw her/him alive on <u>6-28-63</u> . Death occurred at <u>2:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.M. Regney, M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield - Mo</u>	
22c. DATE SIGNED <u>7/16/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6-28-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Walnut Grove, Missouri</u>		24. FUNERAL DIRECTOR <u>Brim-Daniel, Inc., Walnut Grove, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7-12-63</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Nelson</u>	

L.M. R. J. NEY, M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DO NOT WRITE ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 0

5 2

6

7 0

8 2

9 420.1

10

11

12 1.0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*Donald Daniel*

Licensed Embalmer No. 47-2

P. O. Address Ask Grove - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Embalmed 6-26-63  
Certificate was lost in mail*